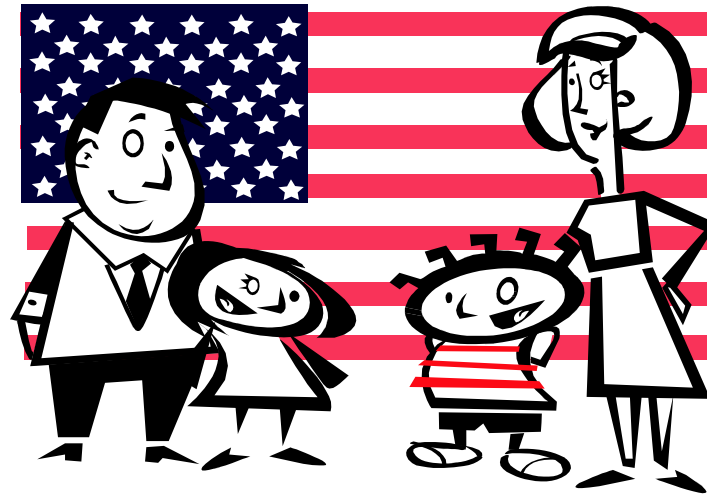



Navigating the “FMLA” Maze




THE FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA)



This act was intended to balance the demands of the workplace with the needs of the families; to promote the stability and economic security of families.



Requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons.





Employees are eligible if they have worked for at least 12 months and have worked or been on paid leave for at least 1,250 hours in the previous 12 months preceding the first day they want to take FMLA .

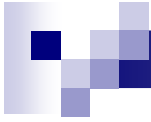


ENHANCED BENEFITS

As a result of the “Family Medical Leave Act”, Kentucky State Government has enhanced some of your benefits as state employees. In areas where the benefits were already more generous than the federal law requires those benefits have been maintained at a higher level.

- 
- If both parents are employed by the state, each parent shall be entitled to twelve (12) weeks of unpaid family medical leave for the birth of a child or the placement of a child for adoption or foster care.
 - Eligible employees are allowed FMLA to care for a spouse, child, parent or someone of close blood or legal relationship that has resided with the employee for not less than (30) days prior to the first day they want to take FMLA.
 - Employees' state contribution for life insurance is also maintained.

- 
- Employee's leave for a qualifying condition will not be designated as FMLA until the employee has utilized his/her accrued leave (with the exception that he/she may request in writing to retain up to ten (10) sick days).
 - They are not required to use their comp time.
 - During the time they are taking their own leave they are afforded the rights and protections of the Family Medical Leave Act.




REASONS FOR TAKING FAMILY MEDICAL LEAVE

FMLA Leave must be granted for
any of the following reasons:



(1) To care for the employee's child after birth, or placement for adoption or foster care

NOTE: 101 KAR 2:102, Section 3 (4) states that an employee shall be entitled to a maximum of twelve (12) weeks of accumulated annual or sick leave, unpaid family and medical leave, or a combination thereof, for the birth, placement, or adoption of a child.




(2) To care for the employee's spouse, child or parent who has a serious health condition, or someone of close blood or legal relationship that has resided with the employee for at least thirty (30) days prior to the first day they take FML.




IMMEDIATE FAMILY CLARIFIED

101 KAR 2:105, Section 1 (2) defines immediate family for the purposes of the sick leave sharing program. This definition is also used for the purposes of regular sick leave use and for family and medical leave.



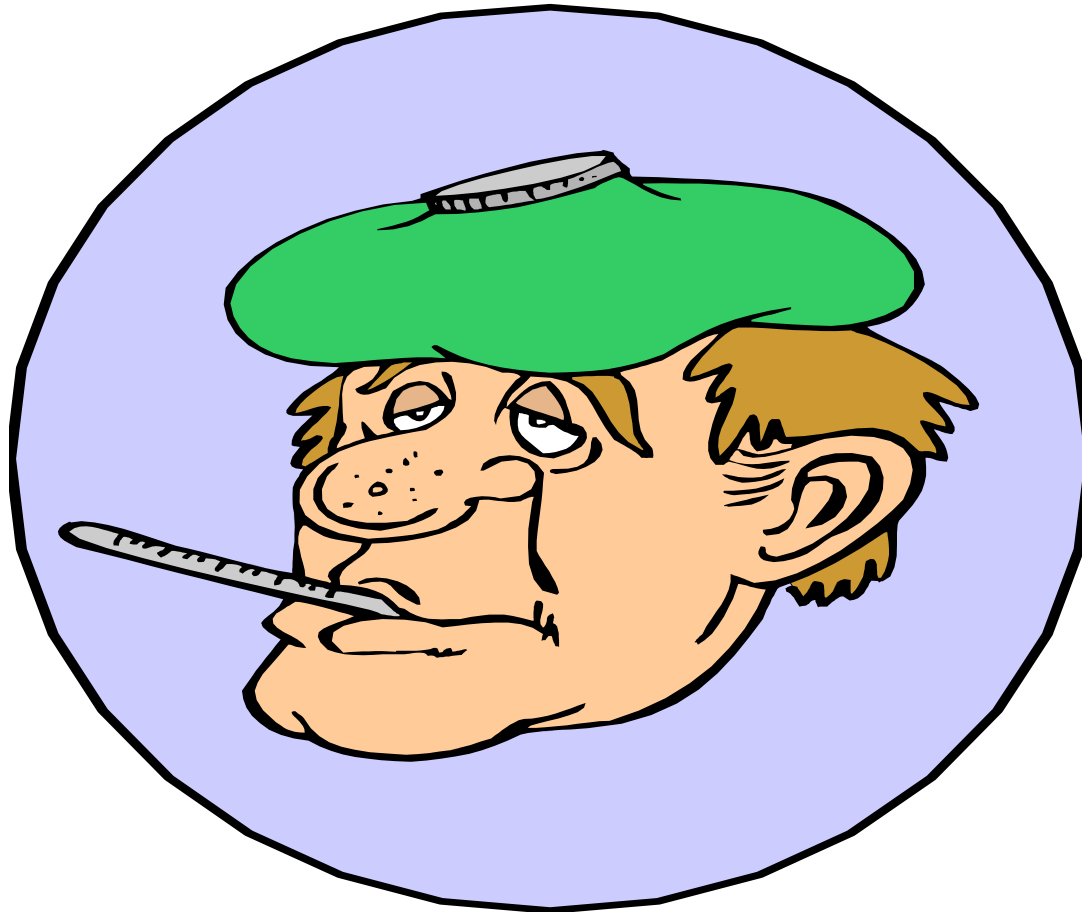
Included in the definition are (a) “spouse, child, parent” or (b) “someone of close blood or legal relationship” that has resided with the employee for at least thirty (30) days prior to the first day they want to take FMLA.


Note: The categories listed in (a) do not have to meet the requirements in (b). In other words the categories in (a) do not have to have resided with the employee for 30 days.



(3) For the employee's own serious health condition that makes the employee unable to perform the employee's job.

What is a Serious Health Condition?



- 
- For purposes of FMLA, a “**serious health condition**” entitling an employee to FMLA leave is an illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment.
 - Inpatient Care:
 - An overnight stay in a hospital or residential medical care facility/or any period of incapacity.



Continuing treatment:

- requires periodic visits for treatment
- continues over an extended period of time
- may involve occasional periods of incapacity,
(such as asthma, diabetes, epilepsy, lupus)
- any period of absence to receive multiple
treatments
(such as cancer- chemotherapy-radiation,
severe arthritis, physical therapy, kidney
disease for dialysis)

What is not a Serious Health Condition

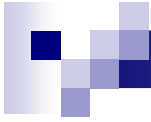
- Plastic surgery for cosmetic purposes
- Routine dental or orthodontia problems, periodontal disease
- Ordinary flu-common colds-ear aches-upset stomach-headaches (other than migraines)
- Routine physical examinations, eye examinations
- Absence due to the use of alcohol or drugs
- Skipping work to avoid troublesome co-worker



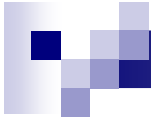


Intermittent FML

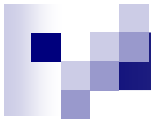
- a) under certain circumstances, employees may take FML intermittently or on a reduced leave schedule.
- b) leave may be taken intermittently when medically necessary for planned or unanticipated medical treatment.



- c) leave may be taken intermittently or on a reduced leave schedule for absences where the employee is unable to work because of a chronic health condition even though they do not receive treatment by a health care provider.
- d) leave may be taken intermittently to provide care or psychological comfort to an immediate family member.



- If FMLA is for the birth, placement for adoption or foster care, use of intermittent leave is subject to the employer's approval
- Employees that have applied and been approved for intermittent FML can only be required to submit an updated Dr's statement every thirty (30) days.



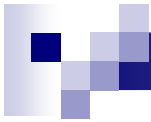
NOTIFICATION REQUIREMENTS

- The employee must have actual notice of FMLA requirements
- Employers' notice to an employee may be oral if confirmed in writing.
- Written (notification) should be sent by certified mail to the eligible employee.



Retroactive Designation

- Ordinarily an employer may not retroactively designate leave as FMLA leave except:
 - a) It has preliminarily designated the leave as FMLA pending the medical certification
 - b) The employer did not know the reason for the leave, but learned upon the employee's return and makes the designation within two business days.



FAIL- SAFE DOCUMENTATION

- ADA standards for medical reports applies to FMLA related medical records
- Must be retained in separate confidential medical file
- Access must be strictly limited



JOB BENEFITS AND PROTECTION

- For the duration of FMLA leave, the employer must maintain the employer's contribution of the employee's health and life coverage under any "group plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.



UNLAWFUL ACTS BY EMPLOYERS

“Family Medical Leave Act” makes it unlawful for any employer to:

- interfere with, restrain or deny the exercise of any right provided under FMLA
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.



ENFORCEMENT

The U.S. Department of Labor is authorized to investigate and solve complaints of violations.

An eligible employee may bring a civil action against an employer for violations.

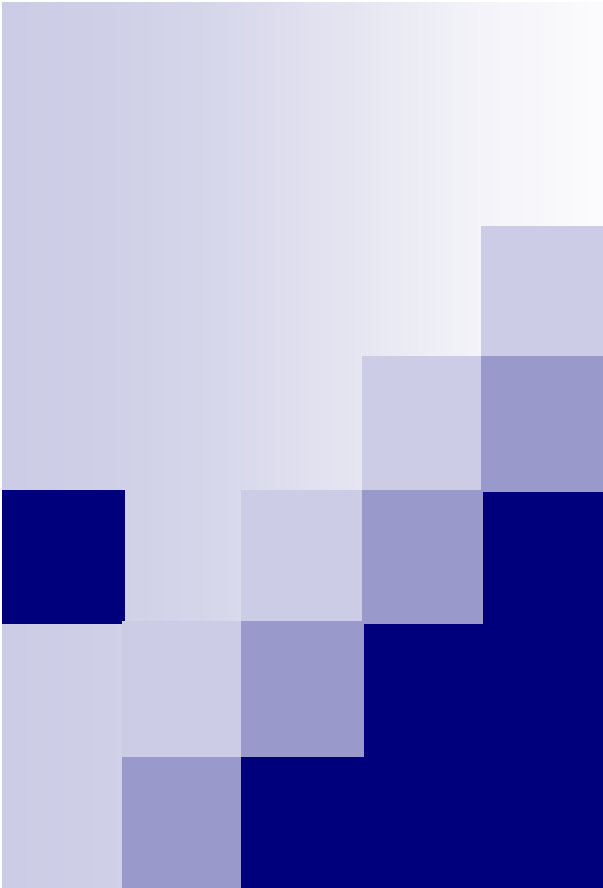


POSTING REQUIREMENTS

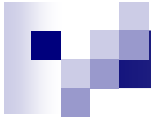
Every employer

Must post and keep posted on its premises in a conspicuous place a poster explaining the provisions and information concerning the procedure for filing complaints of violations of the ACT with the Wage and Hour Division.

WWW.DOL.GOV



Americans With Disabilities Act (ADA)



TITLE I

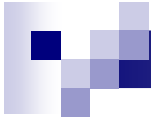
EMPLOYMENT



What is the ADA?

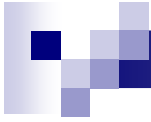
- Federal civil rights protection for individuals who are disabled
- Built on the Rehabilitation Act of 1973 and Civil Rights Act of 1964
- NOT an affirmative action statute

BUT assures equality of opportunity, full participation, independent living and economic self-sufficiency.



Employment Practices Covered

- **recruitment**
- **hiring**
- **promotion**
- **training**
- **lay-off**
- **all other employment-related activities**
- **pay**
- **firing**
- **job assignments**
- **leave**
- **benefits**



Who Is Covered?

- Qualified individual with a disability as defined under the ADA, including mitigating measures



Qualified Individual with a Disability

■ Qualified

1. Individual meets prerequisites:
 - Education
 - Work experience
 - Training
 - Skills
 - Licenses
 - Certificates
 - Other job-related requirements such as working with others



Qualified Individual with a Disability

- Qualified
- 2. Individual performs essential functions with or without reasonable accommodation
 - Identify essential functions
 - Can functions be performed unaided or with a reasonable accommodation



TITLE I

Essential Functions

Factors to consider in determining if a function is essential:

- Does the position exist to perform the function?
- Number of other employees available to perform the function



TITLE I

Essential Functions

Evidence to determine:

- Employer's judgment
- Written job descriptions
- Time spent performing function
- Consequences of not performing function
- Collective bargaining agreement terms
- Past and current work experience
- Other factors such as nature of work operation and organizational structure



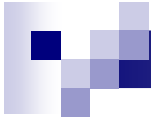
Qualified Individual with a Disability

- Has a physical or mental impairment that substantially limits a major life activity, or
- Has a record of such impairment, or
- Is regarded as having such an impairment



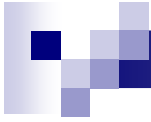
Physical Impairment

“(a)ny physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.”



Mental Impairment

Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.



Substantially Limits

Compared to the average person in the general population:

- Unable to perform activity
- Significantly limited in ability to perform an activity



Substantially Limits

Factors in determining:

- Its nature and severity;
- How long it will last or is expected to last;
- Its permanent or long-term impact or expected impact



Major Life Activities

- caring for one-self
- executing manual tasks
- walking
- seeing
- hearing
- speaking
- breathing
- learning
- working
- reproduction

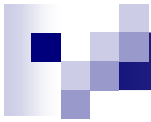


Also Includes:

- Infection with human immunodeficiency virus (HIV)
- Past drug addiction and alcoholism

Does NOT Include:

- current illegal use of drugs
- homosexuality
- bisexuality
- transvestism
- pedophilia
- compulsive gambling
- gender identity disorders
- kleptomania
- voyeurism
- physical characteristics such as the color of eyes, hair or skin



Temporary Conditions

- Such as pregnancy are not disabilities under the ADA and do not require reasonable accommodations
- Do qualify as serious health conditions under FMLA
- Can qualify if complications result in substantially limiting major life activities



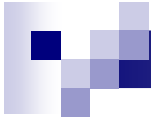
What is Reasonable Accommodation?

- Any change in the work environment or in the way things are usually done
- May include:
 - ✓ Modification of equipment
 - ✓ Job restructuring
 - ✓ Part-time or modified work schedules
 - ✓ Reassignment to a vacant position
 - ✓ Providing readers or interpreters



Reasonable Accommodation How To's

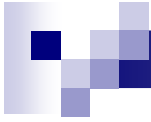
- ✓ Always consult the individual with a disability
- ✓ Employer and individual should work together to identify the appropriate accommodation
 - 1) Identify the essential functions
 - 2) Determine physical or mental limitations and abilities
 - 3) Identify potential accommodations
 - 4) Consider the preference of the employee and select the accommodation
 - 5) Evaluate the effectiveness of the accommodation and make modifications as needed



Medical Examinations

All medical information must be kept confidential and in separate personnel files.

- Post-Offer
- Voluntary
- Fitness-for-duty



Who May Be Informed

1. Supervisors and Managers
(re: restrictions and accommodations)
2. First Aid and Safety Personnel
(If disability may require emergency treatment)
3. Government Officials investigating ADA complaint



Who May Be Informed

4. State workers' compensation offices or second injury funds
5. Insurance companies where a medical exam is required for health or life insurance



Employment Complaints

- ADA Coordinator
- Grievance, Personnel Board Appeal, Mediation
- KY Commission on Human Rights
- US Equal Employment Opportunity Commission (EEOC)




Workers' Compensation



Workers' Compensation

- Statutory benefits includes medical services and indemnity payments.
- Employees are eligible with few exceptions.
- An injury is defined as any work-related traumatic event or series of traumatic events, including cumulative trauma, arising out of and in the course of employment which is the proximate cause producing a harmful change in the human organism evidenced by objective medical findings, including occupational disease.
- Workers' Comp laws generally permit greater access to medical information and medical records than the ADA or FMLA.
- Workers' Comp does not mandate a period of leave.



Workers' Compensation is generally not allowed for injuries resulting from:

- Horseplay
- Intentional self-infliction
- Intoxication
- Injuries incurred traveling to and from work
- Injuries incurred as a result of a false statement made on an employment application
- Injuries incurred more than 2 years prior to the filing of the claim or two years prior to the cessation of temporary total disability benefits (TTD)



Workers' Compensation

- There is a duty to diligently investigate claims for facts warranting the payment or denial of benefits.
- The employee must be advised in writing of the acceptance or denial of a claim or inform the employee of the need for additional information.
- Time constraints must be met for accepting and paying claims.
- There must be an attempt in good faith to promptly pay a claim where liability is clear.
- There must be a prompt and appropriate reply to the employee and the Office of Workers' Claims upon inquiry.
- Records must be maintained that show the basis of claims management decisions.



Fraud

It is unlawful to knowingly file or permit to be filed any false or fraudulent claim to obtain workers' compensation benefits. It is also unlawful to misrepresent important facts to avoid responsibility under the law. Incidents of suspected fraud should be reported to an Office of Workers' Claims ombudsman or specialist at 1-800-554-8601. The Insurance Fraud Investigation Division actively investigates and prosecutes workers' compensation insurance fraud.



Workers' Compensation/Discrimination

342.197 Discrimination against employees who have filed claims or who have a diagnosis of coal-related pneumoconiosis -- Civil remedies.

(1) No employee shall be harassed, coerced, discharged, or discriminated against in any manner whatsoever for filing and pursuing a lawful claim under this chapter.

(2) It is unlawful practice for an employer:

(a) To fail or refuse to hire, or to discharge any individual, or otherwise to discriminate against an individual with respect to his compensation, terms, conditions, or privileges of employment, because such individual has been diagnosed as having category 1/0, 1/1, or 1/2 occupational pneumoconiosis with no respiratory impairment resulting from exposure to coal dust; or

(b) To limit, segregate, or classify his employees in any way which would deprive or tend to deprive an individual of employment opportunities or otherwise adversely affect his status as an employee, because such individual has been diagnosed as having category 1/0, 1/1, or 1/2 occupational pneumoconiosis with no respiratory impairment resulting from exposure to coal dust.

(3) Any individual injured by any act in violation of the provisions of subsection (1) or (2) of this section shall have a civil cause of action in Circuit Court to enjoin further violations, and to recover the actual damages sustained by him, together with the costs of the law suit, including a reasonable fee for his attorney of record.



Workers' Compensation/Discrimination

In order for an employee to establish a claim for wrongful termination in retaliation for pursuing workers' compensation claim he/she must prove that the workers' compensation claim was a *substantial and motivating factor* but for the employee would not have been discharged.




The Return-to-work Program

PERSONNEL CABINET
OFFICE FOR EMPLOYEE RELATIONS
200FAIR OAKS LANE, ROOM 511
FRANKFORT, KY 40601
502-564-0348



THREE TYPES of RTW SCENARIOS for INJURY/ILLNESSES

- # 1 – Employee is injured has minimal medical treatment and returns immediately to work.
- #2 - Employee is injured and injury is severe enough to keep employee off from work.
- #3 – Employee is injured and seeks medical treatment. The doctor releases the employee to return to work with temporary restrictions.



WHAT IS TEMPORARY MODIFIED DUTY (TMD)?

TMD is unique to each employer's business needs.

While on TMD the employer alters the employee's job tasks to fit in accordance with physician's restrictions. These tasks may be a portion of the employee's regular job or other tasks from other areas.

GOAL: AS THE EMPLOYEE'S PHYSICAL ABILITIES
CHANGE SO WILL THE TMD.

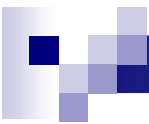


BENEFITS OF A RETURN-TO-WORK PROGRAM:

<u>EMPLOYEE</u>	<u>EMPLOYER</u>
-----------------	-----------------

1. Employee recovery time is Shortened thereby reducing need for medical treatment.
2. Injured employee remains active and productive.
3. Concerns about continued employment are resolved and communication with employer is increased.
4. Stress, boredom and depression from an injury/illness and from being unproductive are reduced or eliminated. Feelings of dependency and lack of control are alleviated.

1. Injured employee recovery time is shortened thereby reducing medical and disability costs.
2. Work productivity is maintained.
3. When an employee returns to work TTD benefits cease, thereby reducing workers' compensation costs.
4. Employers retain skilled and experienced workers.
5. Employers' interest and concern for the employees are reinforced and communication is enhanced.



Studies show that injured employees recover more quickly when they return to work as soon as medically possible after being injured on the job.

If disability lasts less than 30 days

75% of employees are likely to return to work.*

If disability lasts 6 months:

50% of employees are less likely to return to work.*

If disability lasts 1 year:

75% employees are less likely to return to work.*

* Bureau of Labor Statistics



KEY COMPONENTS FOR A SUCCESSFUL RETURN-TO-WORK PROGRAM

1. Management commitment to a RTW program is a must.
2. Educate both supervisors and employees about the RTW plan.
3. Identify and create a list of modified duty tasks which are meaningful and productive.
4. Documentation!!!!!!



Temporary Modified Duty Plan Should Include the Following:

Employee Name
Date of Meeting
Specific Restrictions Listed
Timeline
Temporary Modified Duty
Tasks
Special Instructions
Signatures

REPORT OF MEDICAL STATUS FORM

COMMONWEALTH OF KENTUCKY - REPORT OF MEDICAL STATUS

Employee Name: (First) _____ (Middle Initial) _____ (Last) _____		Date of Injury/Illness: _____																																																																								
Is this Injury/Illness Work Related: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																										
Diagnosis: _____																																																																										
TO BE COMPLETED BY ATTENDING PHYSICIAN - PLEASE CHECK																																																																										
I saw and treated this patient on _____ and:																																																																										
<input type="checkbox"/> 1. Recommend patient return to work with no limitations on _____. (Date) _____ <input type="checkbox"/> 2. Patient may return to work capable of performing the degree of work checked below with the following limitations: Please Note: If limitations are noted a time limit must be indicated in Item #3 below!																																																																										
PLEASE INDICATE DEGREE OF WORK		PLEASE INDICATE LIMITATIONS																																																																								
<input type="checkbox"/> Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. <input type="checkbox"/> Light Work: Exerting up to 20 pounds of force occasionally, and/or a negligible amount of force constantly to move objects. A job should be rated Light Work; (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible. <input type="checkbox"/> Medium Work: Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Heavy Work: Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Very Heavy Work: Exerting in excess of 100 pounds of force constantly and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.		<table border="1"> <thead> <tr> <th rowspan="2">Restricted Activities</th> <th colspan="3">May Perform Activity</th> </tr> <tr> <th>Occasionally (1-33%)</th> <th>Frequently (34-66%)</th> <th>Continuous (67-100%)</th> </tr> </thead> <tbody> <tr><td>Stooping</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Bending</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Lifting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Reaching</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Pushing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Pulling</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Walking</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Standing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Twisting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Turning</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Stretching</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Kneeling</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Climbing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Above Shoulder Lifts</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Overhead Lifts</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Operation of Motorized Vehicle/Equipment /Machinery</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Restricted Activities	May Perform Activity			Occasionally (1-33%)	Frequently (34-66%)	Continuous (67-100%)	Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Above Shoulder Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation of Motorized Vehicle/Equipment /Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
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Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
Above Shoulder Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
Overhead Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
Operation of Motorized Vehicle/Equipment /Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
		OTHER SPECIAL RESTRICTIONS: _____																																																																								
(1) Occasional – Up to 2 ½ hours; (2) Frequent – Up to 5 ½ hours; (3) Continuous – More than 5 ½ hours Based on a 7.5 hour workday – with morning and afternoon breaks.																																																																										
<input type="checkbox"/> 3. These restrictions are in effect until _____ or until patient is re-evaluated on _____. <input type="checkbox"/> 4. These restrictions are PERMANENT . <input type="checkbox"/> 5. Patient is physically unable to return to work at this time. Patient will be re-evaluated on _____.																																																																										
Physician's Signature: _____		Date: _____																																																																								
AUTHORIZATION TO RELEASE INFORMATION																																																																										
I hereby authorize my attending doctor to release any information or copies thereof acquired in the course of my examination or treatment for the illness/injury identified above to my employer or representative.																																																																										
Patient's Signature: _____		Date: _____																																																																								



Temporary Modified Duty Plan:

<u>TEMPORARY MODIFIED DUTY PLAN:</u>	
Date: _____	
Employee Name: _____	
List of Specific Restrictions: _____	
Date Accommodations Denied: _____	
Dates of Temporary Modified Duty:	From: _____ To: _____
Renewal Date (if appropriate):	From: _____ To: _____
Tasks that will be performed during Temporary Modified Duty Period:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
Special Instructions (Other information that might be pertinent to the employee's work schedule – i.e. if the employee is working in a different area or different schedule): _____	
I have reviewed this Temporary Modified Duty Plan with my supervisor and agree that the tasks outlined are within the limits placed by the physician's restrictions. I agree to abide by these restrictions.	
Employee: _____	Date: _____
Supervisor: _____	Date: _____